

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NEW REPUBLICAN.ORG</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00544544		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>IMGE LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 05 / 2014</b>		
Mailing Address 603 King Street 4th Floor			Amount <b>60000.00</b>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.4307</b> Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 05 / 2014</b>		
Purpose of Expenditure Digital Media Buy		Category/ Type			
Name of Federal Candidate MONICA WEHBY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OR</b>		
Calendar Year-To-Date Per Election for Office Sought <b>318444.48</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>New Republican, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 05 / 2014</b>		
Mailing Address 815 Slaters Lane			Amount <b>172633.53</b>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.4308</b> Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 06 / 2014</b>		
Purpose of Expenditure Media Buy - Wehby for Senate 05/05/14-05/11/14		Category/ Type			
Name of Federal Candidate MONICA WEHBY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OR</b>		
Calendar Year-To-Date Per Election for Office Sought <b>491078.01</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<b>232633.53</b>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<b>232633.53</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Gentry Collins</i>		[Electronically Filed]		Date MM / DD / YYYY <b>05 / 06 / 2014</b>	